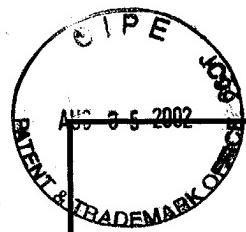


08-07-02

1634 #



TRANSMITTAL FORM

Express Mail Mailing Label No. EL925963296US

Application Serial Number	09/545,162
Filing Date	April 7, 2000
First Named Inventor	Lapidus
Group Art Unit	1634
Examiner Name	Einsmann, J. C.
Attorney Docket No.	EXT-026
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson [Total Sheets]	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input checked="" type="checkbox"/> Terminal Disclaimer (2 pgs.) <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Supplemental Response (2 pgs.)
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AUG 13 2002

TECH CENTER 1600/2900

CORRESPONDENCE ADDRESS

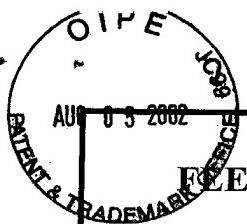
Direct all correspondence to:

Patent Administrator
Testa, Hurwitz & Thibeault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Patrick R. H. Waller, Ph.D.
Attorney for the Applicants
Testa, Hurwitz & Thibeault, LLP
High Street Tower
125 High Street
Boston, MA 02110



Express Mail Mailing Label No. EL925963296US

**FEE TRANSMITTAL
FY 2002**

Complete if Known

Application Serial Number	09/545,162
Filing Date	April 7, 2000
First Named Inventor	Lapidus
Group Art Unit	1634
Examiner Name	Einsmann, J.C.
Attorney Docket No.	EXT-026

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AUG 13 2002

TECH CENTER 1600/2900

METHOD OF PAYMENT

1. Payment Enclosed:
 - Check Money Order Other
2. The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
 - Required Fees (copy of this sheet enclosed).
 - Additional fee required under 37 CFR 1.16 and 1.17.
 - Overpayment Credit.

FEE CALCULATION (continued)

3. ADDITIONAL FEES		Fee Description	Fee Paid
Large Entity	Small Entity		
		130	65
		50	25
		130	130
		2,520	2,520
		110	55
		400	200
		920	460
		1440	720
		1960	980
		320	160
		320	160
		280	140
		130	130
		180	180
		740	370
		740	370
		100	100
		Other fee (Specify)	
		Other fee (Specify)	

FEE CALCULATION

1. FILING FEE

Large Entity

Fee (\$)	Fee Description	Fee Paid	
740	Utility filing fee		
330	Design filing fee		
160	Provisional filing fee		
Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =	x \$ 18.00 =	
Independent Claims	- 3 =	x \$ 84.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$280.00 =	
		TOTAL: 0.00	
		SMALL ENTITY DISCOUNT: 0.00	
		SUBTOTAL (1) (\$) 0.00	

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	=		x \$ 18.00 =	
Indep.	=		x \$ 84.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =	
				SUBTOTAL (3) (\$) 110.00
				SUBTOTAL (1) (\$) 0.00
				SUBTOTAL (2) (\$) 0.00
				SUBTOTAL (3) (\$) 110.00
				TOTAL (\$) 110.00

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